MEDI-CAL PROGRAM
PEDIATRIC PRACTITIONER PARTICIPATION

FIELD OFFICE DISTRICT	(1) AVAILABLE PEDIATRIC PRACTITIONERS	(2) PARTICIPATING PEDIATRIC PRACTITIONERS	PERCENT PARTICIPATION
Oakland	737	472	64.04
Sacramento	930	678	72.90
San Francisco	727	482	66.30
Fresno	633	573	90.52
San Diego	852	738	86.62
San Bernardino	664	615	92.62
Los Angeles	2,666	2,281	85.56
San Jose	690	386	55.94
Total	7,899	6,225	78.81

) Number of nonfederal office-based pediatricians and family practitioners during calendar year 1996. SOURCE: American Medical Association (AMA), provided by special request.

(2) Fee-for-service pediatricians and family practitioners paid during calendar year 1996; weighted for group practices. Previous analysis of "rendering providers" in group practice settings reflect an average of 2.52 physicians per family practice group, and 4.58 physicians per pediatric group.

Note: Data for the counties of Orange, San Mateo, Santa Barbara, Santa Cruz and Solano counties were excluded from this analysis because of the existence of county operated capitation programs and Geographic Managed Care arrangements.

HMO PEDIATRIC AND OBSTETRICAL SERVICES

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The process of determining capitation rates is based on an actuarial analysis of "fee-for-service" (FFS) equivalent costs. This means that capitation rates are calculated to reflect the estimated per capita amount that would be paid under the FFS program for the same services covered by the Prepaid Health Plan (PHP) contract. These rate calculations also include adjustments to ensure actuarial equivalence and to account for administrative costs and program savings goals. Since FFS rates directly influence FFS program costs, which, in turn, directly influence PHP rates, FFS rates are clearly taken into account in establishing PHP rates.

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STATEWIDE AVERAGE PAYMENTS--1995-96

Procedure Code	Medi-Cal Code	Procedure Description	Average Payment
90701	X5312	DIPTHERIA/TETANUS TOXOID/PERTUSSIS-0.5ML	$13.99
90701	X5314	DIPTHERIA/TETANUS TOXOIDS/PERTUSSIS7.5ML	$15.57
90701	X5316	DIPTHERIA/TETANUS TOXOIDS/PERTUSSIS-7.5	$16.38
90707	X5320	MEASLES/MUMPS/RUBELLA VIRUS VACCINE LIVE	$25.30
90712	X5326	ORIMUNE DISPETTES - 0.5CC EA	$13.71
90712	X5328	ORIMUNE - 2 DROP DOSE/VIAL	$12.16
90737	X6268	H. INFLUENZAE B VACCINE--0.SML	$11.66
90737	X6270	HAEMOPHILUS INFLUENZAE VACCINE HIB TITER	$19.17
90737	X6272	H. INFL. VACCINE(PROHIBIT) 0.5 ML.	$17.82
90744-5	X7088	ENGERIX B 10 MCG/0.5 ML (EACH)	$24.93
90744-5	X7090	ENGERIX B 20 MCG/1.0 ML	$52.78
90744-5	X7092	RECOMBIVAX HB 2.5 MCG/0.5 ML (EACH)	$19.41
90744-5	X7094	RECOMBIVAX HB 5 MCG/0.5 ML (EACH)	$30.65
59400	59400	OBSTETRICAL CARE	$963.42
59409	59409	VAG DELIVERY ONLY (WITH OR W/OUT EPISIOT	$475.04
59410	59410	VAGINAL DELIVERY ONLY	$473.30
59412	59412	EXTERNAL CEPHALIC VERSION	Non-Benefit
59414	59414	DELIVER PLACENTA	$97.28
59425	59425	ANTEPARTUM CARE, ONLY	Non-Benefit
59426	59426	ANTEPARTUM CARE, ONLY	Non-Benefit
59430	59430	POSTPRTUM CARE, ONLY	Non-Benefit
59510	59510	CESARIAN DELIVERY	$958.62
59514	59514	CAESAREAN DELIVERY ONLY	$473.11
59515	59515	CESAREAN DELIVERY	$468.60
59525	59525	RML UTERUS AFTER CESAREAN	$788.90
99201	99201	OFFICE VISIT, NEW, LEVEL 1	$17.65
99202	99202	OFFICE VISIT, NEW, LEVEL 2	$25.89
99203	99203	OFFICE VISIT, NEW, LEVEL 3	$43.58
99204	99204	OFFICE VISIT, NEW, LEVEL 4	$53.79
99205	99205	OFFICE VISIT, NEW, LEVEL 5	$55.12
99211	99211	OFFICE VISIT, EST., LEVEL 1	$7.49
99212	99212	OFFICE VISIT, EST., LEVEL 2	$2.11
99213	99213	OFFICE VISIT, EST., LEVEL 3	$16.34
99214	99214	OFFICE VISIT, EST., LEVEL 4	$23.54
99215	99215	OFFICE VISIT, EST., LEVEL 5	$33.24
99381	99381	PREVENTIVE MED., NEW, INFANT	$23.95
99382	99382	PREVENTIVE MED., NEW, 1-4 YRS.	$31.84
99383	99383	PREVENTIVE MED., NEW, 5-11 YRS.	$40.00
99384	99384	PREVENTIVE MED., NEW, 12-17 YRS.	$47.90
99391	99391	PREVENTIVE MED., EST., INFANT	$20.07
99392	99392	PREVENTIVE MED., EST., 1-4 YRS.	$24.11
99393	99393	PREVENTIVE MED., EST., 5-11 YRS.	$32.11
99394	99394	PREVENTIVE MED., EST., 12-17 YRS.	$40.03

MEDI-CAL STATEWIDE AVERAGE PAYMENTS -- 1993-94

Procedure Code	Procedure Description	Average Payment
B. OBSTETRICAL PRACTITIONER SERVICES		
59400	Obstetrical care	959.68
59409	Vaginal delivery	Non Benefit*
59410	Vaginal delivery	475.94
59412	Antepartum manipulation	Non Benefit
59414	Deliver placenta	165.05
59425	Antepartum care only	Non Benefit
59426	Antepartum care only	Non Benefit
59430	Care after delivery	Non Benefit
59510	Obstetrical care	956.55
59514	Cesarean delivery	Non Benefit*
59515	Cesarean delivery	471.62
59525	Remove uterus after cesarean	204.55
Z1032	Initial pregnancy office visit	110.37
Z1032-ZL	Initial pregnancy office visit, if provided within 16 weeks of last menstrual period (Comprehensive Perinatal Service Providers only)	159.49
Z1034	Antepartum followup office visit	52.55
Z1036	Tenth and subsequent antepartum office visit (Comprehensive Perinatal Service providers only)	99.66
Z1038	Postpartum office visit	52.86

* New code in 1994 CPT, not covered during this payment period.

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MEDI-CAL STATEWIDE AVERAGE PAYMENTS -- FY 1992-93

Procedure Code		Procedure Description	Average Paid*
X6278	(90742)	Hepatitus B, 4 ml	29.38
X6276	(90742)	Hepatitus B, 5 ml	32.54
X5676	(90742)	Tetanus, 250 units	8.41
X6098	(90742)	RHO (D), full dose	41.23
X6350	(90742)	RHO (D), mini dose	16.59

B. OBSTETRICAL PRACTITIONER SERVICES:

Maternity Care and Delivery

	Incision	
59000	Amniocentesis	48.54
59012	Fetal cord puncture, prenatal	132.27
59015	Chorion biopsy	Non Benefit
59020	Fetal contract stress test	49.64
59025	Fetal non-stress test	20.24
59030	Fetal scalp blood sample	50.66
59050	Fetal monitor w/ report	80.67
59100	Remove uterus lesion	642.35
	Excision	
59120	Treat ectopic pregnancy	691.84
59121	Treat ectopic pregnancy	697.51
59130	Treat ectopic pregnancy	596.00
59135	Treat ectopic pregnancy	841.00
59136	Treat ectopic pregnancy	823.67
59140	Treat ectopic pregnancy	Not Paid
59150	Treat ectopic pregnancy	402.94
59151	Treat ectopic pregnancy	374.86
59160	D&C after delivery	196.43
	Introduction	
59200	Insert cervical dilator	Non Benefit
	Repair	
59300	Episiotomy or vaginal repair	87.50
59320	Revision of cervix	198.61
59325	Revision of cervix	332.50
59350	Repair of uterus	674.25
	Delivery, Antepartum and Postpartum Care	
59400	Obstetrical care	957.77

MEDI-CAL STATEWIDE AVERAGE PAYMENTS -- FY 1992-93

Procedure Code	Procedure Description	Average Paid*
59410	Obstetrical care	475.25
59412	Antepartum manipulation	Non Benefit
59414	Deliver placenta	70.34
59430	Care after delivery	Non Benefit
	Cesarean Delivery	
59510	Cesarean delivery	955.94
59515	Cesarean delivery	471.35
59525	Remove uteruus after cesarean	385.71
	Abortion	
59812	Treatment of miscarriage	142.92
59820	Care of miscarriage	126.71
59821	Treatment of miscarriage	143.64
59830	Treat uterus infection	144.95
59840	Abortion	155.16
59841	Abortion	221.14
59850	Abortion	190.07
59851	Abortion	193.83
59852	Abortion	506.33
	Additional Office Visit Procedures (Payable in addition to 59400-59525)	
Z1032	Initial pregnancy office visit	110.54
Z1032-ZL	Initial pregnancy office visit, if provided within 16 weeks of last menstrual period (Comprehensive Perinatal Service Providers only)	154.15
Z1036	Tenth and subsequent antepartum office visit (Comprehensive Perinatal Service providers only)	99.46

* Principal modifier

NOTE: Maximum payment rates for physician services under the Medi-Cal program are uniform throughout all areas of the State. Therefore, the average amounts reported above will vary only slightly, if at all, among different areas.

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Payment for Local Education Agency (LEA) Services

Local Education Agencies providing LEA services as defined in Attachment 3.1-A and Attachment 3.1-B shall be paid according to a fee schedule established consistent with the requirements of 42 CFR 447.

Payment for Home Health Agency Services

The State Agency shall perform an annual review of the Medi-Cal reimbursement rates paid to providers of home health agency services. The purpose of such review is to ensure that the rates comply with federal regulation 42 U.S.C. Section 1396a (a)(30)(A), which requires payments to be:

1) consistent with efficiency, economy, and quality of care; and

2) sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area.